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TELEFAX

Date:

November 23, 2005

Total pages:

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Patrea L. Pabst

Telephone: 404-879-2151

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Our Docket No. PDC 126

Your Docket No.

Client/Matter No. 078374-00029

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Cohava Gelber and Kathleen Rousseau

Serial No.:

10/632,878

Art Unit:

1654

Filed:

August 1, 2003

Examiner:

Billy D. Chism

For:

CELL TRANSPORT COMPOSITIONS AND USES THEREOF

Attachments:

Transmittal Form PTO/SB/21
Fee Transmittal Form PTO/SB/17
Amendment and Response

[45061002.1]

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NO. 6173

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TRANSMITTAL FORM			Application Number	edion of Information unless it displays a valid OMB control number. 10/632,878							
			Filing Date	August 1, 2003 Cohava Gelber							
			First Named Invento								
			Art Unit		1654						
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(to be used for all correspondence after initial filling) Total Number of Pages in This Submission			Attorney Docket Nur	nber	PDC 1						
ENCLOSURES (Check all that apply)											
Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement		Pee Pre Pre Pre Pre Pre Pre Pre Pre Pre	hange of Correspond erminal Disclaimer equest for Refund D, Number of CD(s) Landscape Table	on on to Convert to a sional Application er of Attorney, Revocation ge of Correspondence Address inal Disclaimer			After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):				
	o Missing Parts 17 CFR 1.52 or 1.53										
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Firm Name	Pabst Patent Group	p LLP									
Signature											
Printed name	Patrea L. Pabst										
Date November 23, 2005				R	eg. No.	31,2	84				
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Fees pursuant to the Conso	Application Nu	mber	10/632.878							
FEE TF	Filing Date	iling Date August 1, 2003								
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Applicant dalme em	Examiner Nam	е	Billy Chism							
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1654					
TOTAL AMOUNT OF PAYMENT (\$) 0.00				Attorney Docke	t No.	PDC 126				
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
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FEE CALCULATION										
1. BASIC FILING, SEA	RCH, AND E	XAMINATION	FEE\$	-						
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Application Type	Fee (\$)	Fee (\$)	Feo (\$	Small Entity Fee (5)	<u>Fee (5</u>	<u>Small Ent</u> 2 <u>Fee (\$)</u>		Fees Pal	d (\$)	
Utility	300	150	500	250	200	100	_	•		
Design	200	100	100	50	130	· · · 65 ·	-			
Plant	200	100	· 300	1 <i>5</i> 0	160	80	-		<u></u>	
Reissue	300	150	500	250	600	300	_			
Provisional	200	100	0	0	0	0	-		!	
2. EXCESS CLAIM FE	ES							5 m <u>8</u>	mall Entity	
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25										
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100										
Multiple dependent clai			- - - - -- - - - ---		- -		F	360	.180	
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36 - 37 ■ 0 x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20										
Indep, Claims	Extra Claims		Fee I	Paid (\$)					j	

4. OTHER FEE(S)
 Non-English Specification, \$130 fee (no small entity discount)

HP = highest number of independent claims paid for, if greater than 3

Patrea L. Pabst

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-3 =

3. APPLICATION SIZE FEE

Name (Print/Type)

Other:

SUBMITTED BY
Signature

Registration No. (Attorney/Agent) 31,284

Telephone (404) 879-2151

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Date November 23, 2005

Fees Paid (\$)

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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

Responsive to the Office Action mailed on August 23, 2005, please amend the claims as follows and consider the following remarks.

It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-3129.

45060245+1

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PDC 126 078374/00029